

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13688**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **5307** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eugene - Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville, Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS 0260	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Ira c. (Last) Sullens		4. DATE OF DEATH (Month) (Day) (Year) 4-22-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-22-1891
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Days 4	10. IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Eugene - Rural - Cole Co. Mo. U. S.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME George Walter Sullens		13b. MOTHER'S MAIDEN NAME Mary Crede		14. NAME OF HUSBAND OR WIFE Myrtle Scruggs Sullens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. First Worldwar		17. INFORMANT'S SIGNATURE OR NAME Mary Sullens - Mother - Eugene, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Apr 22, 1953** to _____, 19____, that I last saw the deceased alive on **Apr 22, 1953** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. M. Ehlert (Degree or title) D.O.		23b. ADDRESS Russellville		23c. DATE SIGNED 4/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-24-53	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) (State) Russellville - Cole Co. Mo.		

DATE REC'D BY LOCAL REG. Apr. 24	REGISTRAR'S SIGNATURE Mrs. Minnie Hitt	25. FUNERAL DIRECTOR'S SIGNATURE Hugo K. Schuchat	ADDRESS Russellville
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 8 1956

JAN 11 1957

JUL 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2820

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.